

Electronic Filing System (EFS) Data

Electronic Patent Application Submission

USPTO Use Only

EFS ID: **11894**
Application ID: **09682066**
Title of Invention: **Paradigm for Hybrid Network
Communications Protocol
Morphing**
First Named Inventor: **Antonio Mugica**
Domestic/Foreign Application: **Domestic Application**
Filing Date: **null**
Effective Receipt Date: **2001-07-17**
Submission Type: **Utility Patent Filing**
Filing Type: **new-utility**
Confirmation Number: **0**
Attorney Docket Number: **38146**
Digital Certificate Holder: **cn=Jeffrey Monroe Furr, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US**
Certificate Message Digest: **k59OgFeZ7W0w8GVUGJb3RQ==**
Total Fees Authorized: **\$355.0**



Payment Category: **CC – Credit Card**
Credit Card Number: *******9699**
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RAM User ID: **EFSPROD**
RAM Accounting Date: **2001-07-17**
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RAM Payment Status: **RAM success**
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1C930 U.S. PRO
09/682066 07/17/01
38146

TRANSMITTAL FORM

Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number:

Paradigm for Hybrid Network Communications Protocol Morphing

First Named Inventor: **Mr. Antonio Mugica**

SUBMITTED BY

Name: **Mr. Jeffrey Furr Esq.**
Electronic Signature Mark: **Jeffrey Furr** Date Signed: **20010716**

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

bibd-transmittal	HybNetapds.xml
fee-transmittal	HybNetfee.xml
declaration	dis1.tif
declaration	dis2.tif
declaration	dis3.tif
specification	Hybnetwk.xml

Attached Image File(s):

dis1.tif

dis2.tif

dis3.tif

Comments:

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	
First Named Inventor ANTONIO MUGICA	
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARADIGM FOR HYBRID NETWORK COMMUNICATIONS PROTOCOL MORPHING

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information I believe to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by the co. imprisonment or both, under 18 U.S.C. 1501, and that such willful false statements may render the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

 A petition has been filed for this unsigned in

 Given Name **ANTONIO**
 (first and middle if any)

 Family Name **MUGICA**
 or Surname

 Inventor's
Signature 

 Date **7/11/2001**
Residence: City **Boca Raton**State **FL**Country **U.S.A.**Citizenship **Venezuela**Mailing Address **19571 Orange Key Drive**

Mailing Address

City **Boca Raton**State **FL**Zip **33477**Country **U.S.**

NAME OF SECOND INVENTOR

 A petition has been filed for this unsigned in

 Given Name **PAUL**
 (first and middle if any)

 Family Name **GARCIA**
 or Surname

 Inventor's
Signature 

 Date **7/11/2001**
Residence: City **Caracas**

State

Country **Venezuela**Citizenship **Venezuela**Mailing Address **Ave Rosario, Transversal 10**Mailing Address **Qta Ana Mabel**

, Los Chaguaramos

City **Caracas**

State

Zip

Country **Venezuela**

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PCTUS2002
Assigned for case number 10312002-CMP
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
1100 L Street, NW, Washington, DC 20591-0001**DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle if any): OSCAR		Family Name or Surname: MORA	
Inventor's Signature: 		Date:	
Residence: City	State	Country	Citizenship
Caracas		Venezuela	Venezuela
Mailing Address: <i>E 1 Paseo, Ave La Montaña</i>			
Mailing Address: <i>Res. Adan y Eva, Torre Eva #101</i>			
City	State	ZIP	Country
Caracas			Venezuela
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle if any):		Family Name or Surname:	
Inventor's Signature:		Date:	
Residence: City	State	Country	Citizenship
Mailing Address:			
Mailing Address:			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle if any):		Family Name or Surname:	
Inventor's Signature:		Date:	
Residence: City	State	Country	Citizenship
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Under seal, I declare that this document is a true copy of the original as filed with the U.S. Patent and Trademark Office.

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Small Business Concern

TOTAL FEES AUTHORIZED: \$ 355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:	9699
Expiration Date:	20020912
Authorized Name:	Antonio Mugica
Billing Address:	33487

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 16	203	\$ 9	0	\$ 0
Independent Claims: 3	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0